



Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUGUST 8, 2025

[REDACTED]
Country Manor PCH LP
111 Altmeyer Drive
Kittanning, Pennsylvania 16201

RE: Country Manor
License #: 44629

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on June 27, 2025 of the above facility, that is operating pending an appeal, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: COUNTRY MANOR License #: 44629 License Expiration: 12/11/2024
Address: 111 ALTMAYER DRIVE, KITTANNING, PA 16201
County: ARMSTRONG Region: WESTERN

Administrator

Name: [REDACTED]

Legal Entity

Name: COUNTRY MANOR PCH LP
Address: 111 ALTMAYER DRIVE, KITTANNING, PA, 16201
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/20/1996 Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 20 Waking Staff: 15

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Monitoring Exit Conference Date: 06/27/2025

Inspection Dates and Department Representative

06/27/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50 Residents Served: 19

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 18 Are 60 Years of Age or Older: 12
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

06/27/2025 - Partial

Lead [REDACTED] Follow-Up Type: Exception

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1's bed enablers, one on each side of the bed, have five uncovered horizontal openings, measuring approximately 5 in x 18 in, posing an entrapment hazard.

Plan of Correction

Directed [REDACTED] - 07/18/2025)

Directed:

Within 24 hours of receipt of the plan of correction - the administrator or designated staff person shall remove resident #1's enabler and provide a safe alternative or cover the openings so they allow for safe gripping and use of the device for its intended purpose. The administrator will review BHSL's written guidance on the use of bedside mobility devices, dated 6/26/2023, and ensure that openings comply with FDA guidelines to avoid entrapment, entanglement or strangulation. The resident's support plan will be updated to reflect: the specific need for the device; the intended use and any risks associated with the use; the resident's ability to use the device safely for the purpose it was intended; and identification of the specific device to be used and whether a cover is required to meet FDA guidelines. [REDACTED] 8/5/25

Directed: Within 7 days of receipt of the plan of correction and then weekly for six months - the administrator or designated staff person shall inspect all bedside mobility devices in the facility to ensure that openings are consistent with BHSL's written guidance dated 6/26/2023 and comply with FDA guidelines to avoid entrapment, entanglement or strangulation. [REDACTED] 8/5/25

Directed: Within 30 days of receipt of the plan of correction - The administrator will develop and implement policies and procedures that address and mitigate the risk of using bedside mobility devices. The policies and procedures will address all of the bullet points contained in BHSL's written guidance on the use of bedside mobility devices dated 6/26/2023. All staff persons will be educated on the home's policies and procedures that address and mitigate the risk of using bedside mobility devices and BHSL's written guidance on the use of bedside mobility devices dated 6/26/2023. [REDACTED] 8/5/25

105g - Lint Removal and Duct Cleaning

2. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At approximately 10:33 a.m., there was an accumulation of approximately ¼ inch of lint in the lint trap of the second dryer furthest to the right in the home's laundry room.

At approximately 10:33 a.m., there was an accumulation of approximately 1/8 inch of lint in the lint trap of the dryer furthest to the right in the home's laundry room.

Plan of Correction

Directed [REDACTED] - 07/18/2025)

Directed:

Within 24 hours of receipt of the plan of correction the administrator or designated staff person shall ensure that all dryer vents are cleaned and free of lint as required by regulation.

[REDACTED] 7/18/25

Directed:

Within 7 days of receipt of the plan of correction, and then daily for six weeks, the administrator or designated staff person shall inspect all dryer vents in the facility to ensure that they are cleaned and lint free in compliance with the regulation.

105g - Lint Removal and Duct Cleaning (continued)

█. 7/18/25

Directed:

Within 7 days of receipt of the plan of correction the administrator or designated staff person shall train all staff on Regulation 105g and the importance of removing lint from dryer vents.

█. 7/18/25

132a - Monthly Fire Drill

3. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

A monthly unannounced fire drill was not conducted in March 2025 or April 2025.

REPEAT VIOLATION: 10/3/24

Plan of Correction

Directed (█ - 07/18/2025)

Directed:

Within 24 hours of receipt of the plan of correction - the administrator shall conduct a fire drill by setting off the fire alarm.

█. 7/18/25

Directed:

Within 24 hours of receipt of the plan of correction and then monthly for six months - the administrator shall either be responsible for conducting or at least observing each monthly fire drill and reviewing all fire drill logs to ensure that fire drills are being completed and recorded in compliance with the regulations.

█. 7/18/25

Directed:

Within 7 days of receipt of the plan of correction - the administrator or designated staff person shall train all staff on Regulation 132a and the importance of monthly fire drills.

█. 7/18/25

Directed: Within 30 days of receipt of the plan of correction - The administrator will hold a quality management plan review and evaluation in accordance with §2600.26(b)(1) – (5). Emphasis will be placed on staff training, licensing violations and these directed plans of correction. Specific measures will be implemented by the administrator for areas needing improvement and regulatory compliance in accordance with §2600.26(c). █. 8/5/25

132i - Testing Fire Alarm

4. Requirements

2600.

132.i. A fire alarm or smoke detector shall be set off during each fire drill.

Description of Violation

The fire drill record indicated drills were conducted on 5/14/25 at 6:00 p.m. and 6/1/25 at 2:00 p.m.; however, the fire alarm was not activated during either drill.

Plan of Correction

Directed (█ - 07/18/2025)

Directed:

Within 24 hours of receipt of the plan of correction the administrator shall conduct a fire drill by setting off the fire alarm.

132i - Testing Fire Alarm (continued)

Directed: Within 24 hours of receipt of the plan of correction and then monthly for six months - the administrator shall either be responsible for conducting or at least observing each monthly fire drill and reviewing all fire drill logs to ensure that fire drills are being completed and recorded in compliance with the regulations.

█. 7/18/25

Directed: Within 7 days of receipt of the plan of correction the administrator or designated staff person shall train all staff on Regulation 132a and the importance of monthly fire drills.

█. 7/18/25

Directed: Within 30 days of receipt of the plan of correction - The administrator will hold a quality management plan review and evaluation in accordance with §2600.26(b)(1) – (5). Emphasis will be placed on staff training, licensing violations and these directed plans of correction. Specific measures will be implemented by the administrator for areas needing improvement and regulatory compliance in accordance with §2600.26(c). █. 8/5/25